How can the Guide help you take a population health approach? This sample situation has been developed to help walk you through the website.

*The following is a sample situation.*

Put yourself in the position of being a member of a community partner coalition. Your coalition has chosen **obesity** as a priority health issue because your providers and community data have shown an upward trend.

Here's how you can use the website for this health issue:

**Build Common Understanding**
Before diving into strategies, it’s helpful to establish a common understanding of **population health**. What does it mean to providers? Public health? The community? Once there is common understanding you can explore resources and begin to build a plan.

**Assess Community and Population**
Next, look at resources such as *Washington State Health Assessment* so you can begin setting priorities. The Assessment webpage provides links to multiple data sources and tools you can use to gather more localized information.

**Apply a Health Equity Lens**
Attention to health equity early in your process makes it easier to be proactive. The Assessment page has health equity tools and the Obesity page includes a section on obesity-related **Health Equity Concerns**. This can help with developing strategies that reflect unique needs and characteristics of your identified populations.

**Develop Interventions**
Together with partners, try to identify the specific change you want to see. Explore the **Obesity Recommended Strategies**. Which of these seem most likely to help bring about the desired change? What combination of strategies will be most effective?
The CDC’s “Three Buckets of Prevention” provides a good framework. You can work with your coalition to identify strategies at the clinical, clinic-community linkage, and community-wide/total population levels. Then you can identify specific resources to support those strategies. For a sample of how this can look, see the Population Health Driver Diagram for Diabetes. The Secondary Drivers include a strategy in each of the three buckets, creating a comprehensive approach.

Also explore Current Work and Initiatives. What statewide efforts can you align with that may give your efforts more traction?

For a sample of how this can look, see the Population Health Driver Diagram for Diabetes. The Secondary Drivers include a strategy in each of the three buckets, creating a comprehensive approach.

Sustainability
How do coalitions build capacity to sustain population health improvement? It’s easy to think primarily about sustaining funding. Funding is important, and we offer resources to help with that. But a strong sustainability plan has multiple components. You’ll find a great evidence-based tool called “Sustaining Improved Outcomes” on the Implement Interventions webpage.

Each plan will be unique to the health issue and stage of readiness.